

# Western Australian Alcohol and Other Drug Sector

# Peer Workforce and Consumer Survey



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### **Western Australian Network of Alcohol and other Drug Agencies**

WANADA

PO Box 8048

PERTH WA 6849

P: 08 6557 9400

W: [www.wanada.org.au](http://www.wanada.org.au)

E: [drugpeak@wanada.org.au](mailto:drugpeak@wanada.org.au)

[@WANADAFYI](#)

### **Alcohol and other drug Consumer and Community Coalition**

AODCCC

Claisebrook Lotteries House,

33 Moore St,

EAST PERTH 6004

P: 08 6311 8402

W: [www.aodccc.org](http://www.aodccc.org)

E: [info@aodccc.org](mailto:info@aodccc.org)

## Acknowledgement of Country

We acknowledge the traditional custodians of the land on which we live and work, and recognise their strength in connection to the land, sea and community. We pay our respect to their elders past and present.

We acknowledge the widespread and intergenerational effects of colonisation. The policy and actions of dispossession established long-lasting barriers between peoples, land and their culture. Furthermore, we acknowledge that this trauma has a systemic presence in Western Australian society, policy and the alcohol and other drug system. We acknowledge the need to address this issue by re-evaluating the systems in place which affect the cultural, social and economic matters of Aboriginal people.

WANADA and the AODCCC are committed to advancing conciliation/reconciliation and fostering the valuable contributions that Aboriginal people make in the alcohol and other drug service sector, to deliver meaningful, lasting outcomes for Aboriginal people, families and communities.

## About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

WANADA is driven by the passion and hard work of its member services, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.

## About AODCCC

The Alcohol and Other Drug Consumer & Community Coalition (AODCCC) is the emerging peak body for alcohol and other drug consumer systemic advocacy in Western Australia. Our aim is to empower the voices of consumers, their families and supports at the systemic level, ensuring the health and wellbeing of our community. The AODCCC was incorporated in June 2018 in response to the need and support for an alcohol and other drug specific consumer advocacy body.

AODCCC's mission is to promote the interests, education, and welfare of those affected by alcohol and other drugs.

## Recognition of lived experience

We recognise the individual and collective expertise of those with a lived or living experience of Alcohol and Other Drugs. We appreciate and respect the emotional labour and vulnerability that is present in this space. We recognise the work of those who came before us to build the foundations to enable this work to take place.

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### Purpose of this report

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This report summarises the findings from the 2022 Alcohol and Other Drug Sector Survey of service users and other consumers, sector workers and sector leaders. The survey was undertaken by the Western Australian Network of Alcohol & Other Drug Agencies (WANADA) in collaboration with the Alcohol and Other Drug Consumer and Community Coalition (AODCCC).

The purpose of the survey was a response to the Mental Health Commission's (MHC) efforts to secure more balanced representation of alcohol and other drug "peer" involvement in systems level policy and planning efforts.

The survey was designed to develop more refined understandings of the makeup of the sector's workforce who have a relevant personal experience associated with alcohol and other drugs. Key issues such as pathways to voluntary or paid employment, longevity in the sector, and opportunities for influencing service or sector policy and planning matters were presented.

Lastly, the survey intended to provide alcohol and other drug service Chief Executive Officers (CEOs)/managers with an opportunity to inform systems level considerations associated with involving people with relevant personal experience and service user engagement in service policy development.

The surveys were developed to address key workforce planning and capacity building factors in the Western Australian (WA) alcohol and other drug sector. This report is responsive to Key Strategic Area 5: Strategic coordination and capacity building within the Western Australian Alcohol and other Drug Interagency Strategy 2018 – 2022.

The key aims of the survey were to establish:

1. Proportion of sector workforce with relevant personal experience of alcohol and other drugs
2. Barriers, motivations and pathways into sector employment, particularly for service users who have employment or career aspirations in the sector
3. Alcohol and other drug worker and consumer interest in service and sector policy planning and development opportunities
4. Considerations that arise from the term 'peer worker', and preferred alternative terminology
5. Specific support or recruitment needs for peer workers, or workers who identify as having relevant personal experience with alcohol and other drugs.

## Shared Position – WANADA and AODCCC

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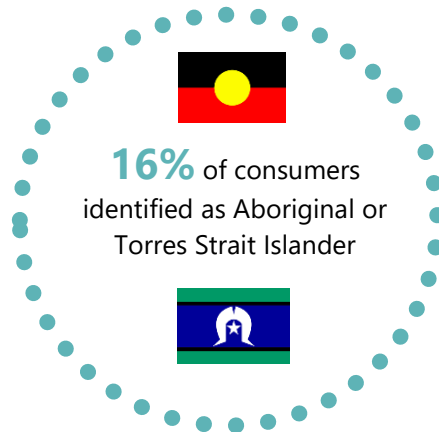
Based on the responses received through the surveys in this document:

- We advocate for participation of alcohol and other drug workers, service users and consumers (including family members) in all sector and systems planning and relevant policy development.
- We support the use of non-stigmatising and qualified terminology in policy, planning and resource tools that is identified by participants as the most relevant and appropriate (such as alcohol and other drug “consumers”, “family members” “service users”, “peers”, “people with lived experience”, or “people with relevant personal experience”).
- We recognise that it is a person’s choice whether they self-identify as to their relevant personal experience with alcohol and other drugs. This includes:
  - how they are represented as systems advocates
  - having the ability to negotiate their job-titles when employed as a “peer”
- We prioritise personal safety for workers and systems advocates who identify as having relevant personal alcohol and other drug experience.
  - We are supportive of effective initiatives that contribute to personal and professional development, that enhances their safety and the safety of service users.
- We recognise the value that people with alcohol and other drug relevant personal experience have brought, and continue to bring, to the alcohol and other drug sector workforce, and their capacity to balance lived and learnt experience.
  - we promote options and choices for service users to engage with staff members with relevant personal experience
  - we promote strategies that enable career pathways for people with relevant personal experience into sector employment.

# Consumer Survey

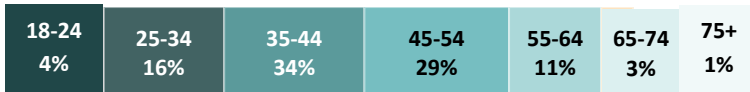
## Profile of consumer survey respondents

**124** respondents completed the alcohol and other drug **consumer survey**, 75 of whom were current service users.

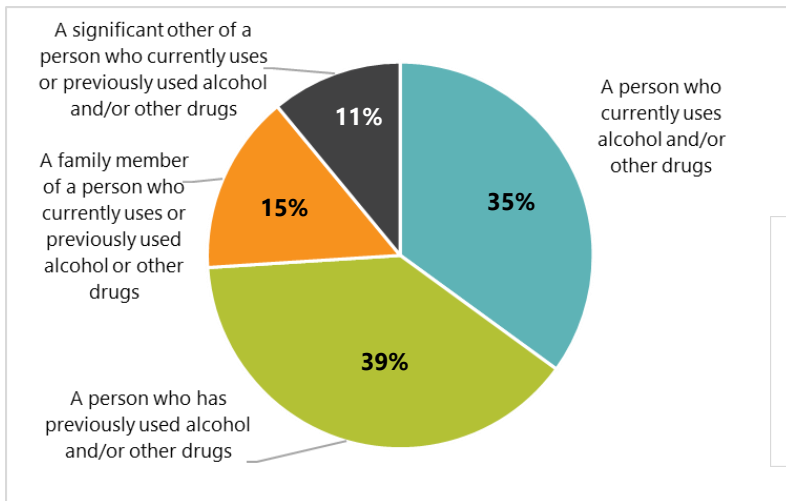


**Majority** of respondents were aged 35-44

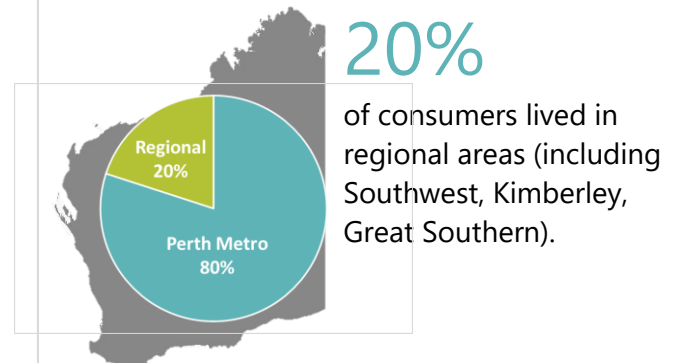
**4%** of consumers



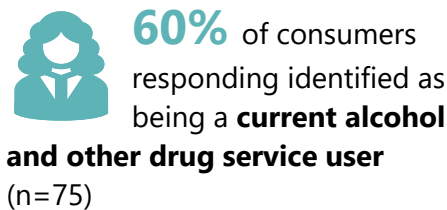
### Self-Identification in the context of alcohol and drug use



identified as **Culturally and Linguistically Diverse**



### Alcohol and Other Drug Service Engagement



**27%** were **past service users** (n=33)



**10%** reported they **have not engaged a service** (n=13)





## Relevant personal experience in the Alcohol and other Drug Sector

### Importance of relevant personal experience

**94%** of consumers emphasised the benefits of service providers employing workers with a relevant personal experience or history of service access (including family members or significant others) in the survey.

#### Benefits of workers with relevant personal experience to consumers included:



These workers represent a **sense of hope** for consumers

Increased comfort and **ability to build rapport**

**Increased confidence** in the support provided

*"It's very important to have peers who have gone through similar issues, it helps people move forward"*

### Personal preference for workers with relevant personal experience

Participants provided a range of views regarding their experience of worker with a relevant personal experience when seeking services



*"I would rather listen to that person than someone who learned from a book."*

*"I still want to be treated by someone with relevant professional qualifications but also having peers was important"*

*"Highly skilled AOD workers do not need to have had personal experience"*

*"It depends on the person. It would just be good to know I have the option."*

*"Yes, because I had a worker mistakenly suggest they could teach me to drink responsibly. If that was possible, surely, I would've done at some stage of my 12-year drinking experience? It was kind of arrogant of the worker to suggest that. And dangerous. He was almost encouraging me to drink again!"*

*"Not relevant, I want someone who knows what they are talking about, if having a lived experience assists them to be a better worker, great but not 100% essential"*

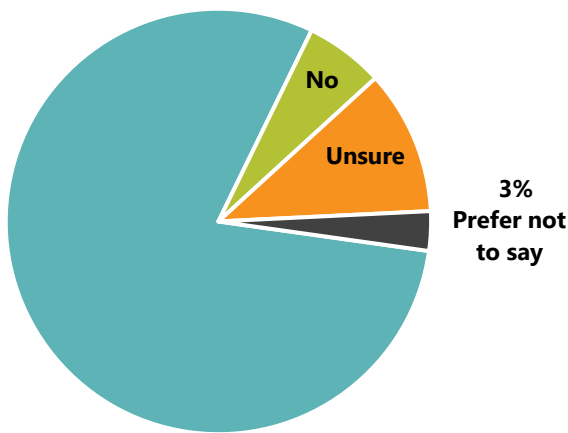
### Diverse Skill Base

Some consumers find workers with a relevant personal experience are helpful, however, it would be one part of support provided in a holistic approach, which would include formally qualified staff and specialised services.



# Interest in working in the Alcohol and Other Drug Sector

## Current employment or interest in working in the alcohol and other drug sector



**80%** of consumers are either interested or currently working in the sector. Others are currently **studying with a view to transition** into the sector employment in the future.

**Training** associated with Trauma Informed Care and Boundary Setting with supervised support were highlighted as important for people wanting to join the sector workforce.

The **access to 'peers' in the workforce was beneficial**. Those with previous work experience could guide and support individuals establishing a career in the sector.

## Consumer awareness of pathways that enable employment in the sector

When asked about pathways that support employment into the sector,

**65%** reported that they **did not have or know of a clear pathway to enter the workforce**.



Those who understood pathway options described how **several services transition consumers through treatment, voluntary positions, staffing** (paid) roles with professional development/training options while working (including Certificate IV in Mental Health Peer Work, although this predominately focussed on Mental Health and was not always transferrable to the Alcohol and other Drug sector).

## Other barriers entering the alcohol and other drug workforce can be:

**Self-disclosure** of a relevant personal experience of alcohol and other drugs **outside of a "peer" designated role** could be unsafe and or perceived to be stigmatising. Also:

**Lack of qualifications and lack of resources to access training**

**Criminal history**

**Lack of self confidence**

## Interest in working in the alcohol and other drug sector

Consumers who were interested highlighted **training, skills, development, and support they would need** to become an alcohol and other drug worker?

*"Training on certain boundaries with consumers as an AOD worker when using and sharing lived experiences to help others".*

*"I think workers sharing lived experiences with clients, if they choose to, should be encouraged in services, but training should be given to workers, so they feel able to share this with clients when relevant and in a way that it won't be viewed as a negative thing or 'overstepping professional boundaries"*

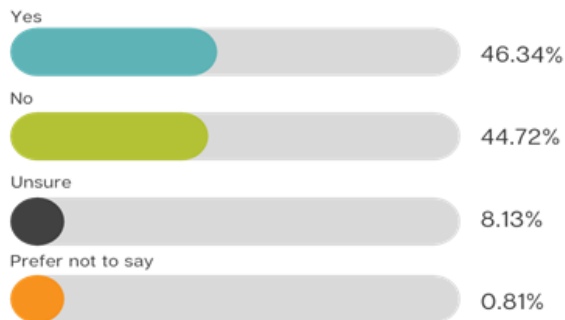
*"Good quality supervision, access to other peers to reflect with. Good boundaries training, safe and relevant disclosure training, motivational interviewing, some practical tools to use for when people are in distress"*

*"Some Support - maybe mentoring and/or phone advice - emotional support"*

*"Counselling skills, understanding of how to treat addiction"*

## Consumer Input into the Alcohol and Other Drug Sector

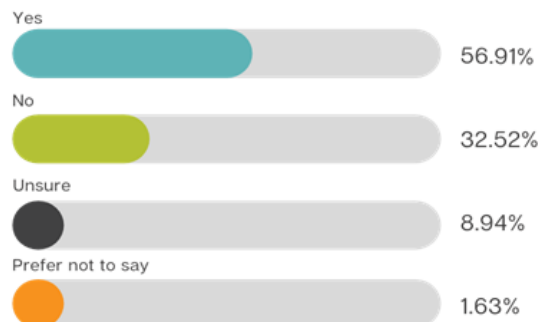
Of the **124** consumer respondents, many reported contributing to processes designed to improve to alcohol and other drug services.



### Contributions were through:

**Direct service consumer surveys**  
**Feedback mechanisms**  
**Engaging with peak bodies**

More consumers have given **input at sector training, planning or policy development initiatives about improving the wellbeing of other consumers**



### There are few barriers to consumer participation in sector development

Peak body, service-based and consumer driven initiatives ensure **consumer engagement is more possible than ever**

However, **barriers to consumer engagement** were reported to included:

Self-worth

Trauma

Socio-economic status

Access to internet and IT

Numeracy and Literacy skills

Perceived stigma

*"I don't have a resume. I've done jail time. police clearance = Shame"*

*"My Criminal Record. They all ask for a police clearance and its embarrassing"*

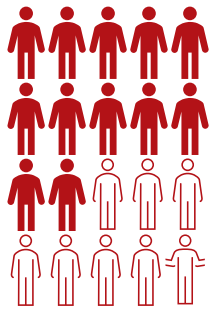
*"Kind of like Facebook once you put that information out there you can't take it back"*

*"Yes. It is a highly stigmatised and underpaid field of employment."*

Consumer and service users stated that **co-design between qualified workers and alcohol and other drug consumers** is a positive means to **balance relevant personal and learnt experiences** when approaching sector development activities.

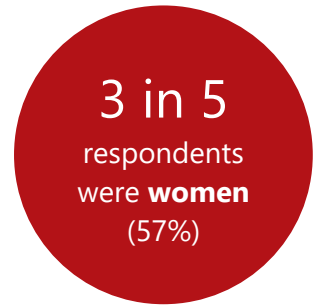
**All consumer engagement requires clearly articulated goals with measurable outcomes.**

135 WA alcohol and other drug sector workers completed the **workforce survey**



**62%** of workers were willing to identify as having **relevant personal experience of alcohol or other drugs**.

**32%** reported they **did not have relevant personal experience**



**9%** of workers



identified as **Culturally and Linguistically Diverse**

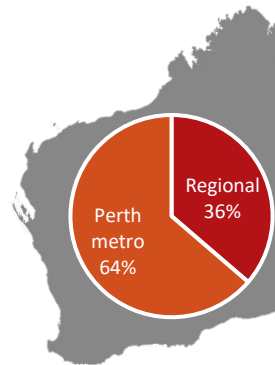
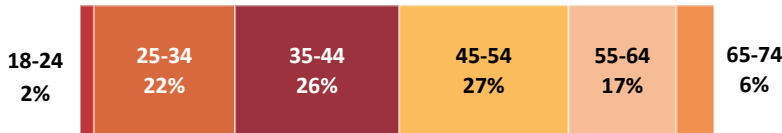


**1%** of workers identified as **gender non-binary**



**8%** of workers identified as **LGBTQI+**

**Half** of the sector workforce were aged 45 or older.

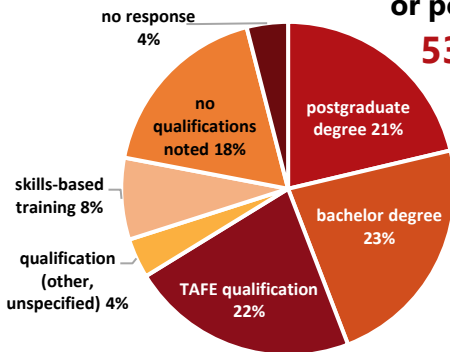


**36%** of workforce respondents work in regional, rural and remote areas

**44%** of workers held a **Bachelor or postgraduate qualifications**

**53%** held a qualification of a **TAFE diploma or higher**

**70%** of workers reported a **TAFE qualification or higher**



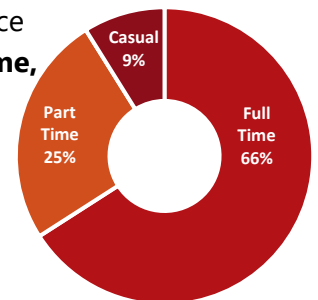
**98.5%** of the workforce are **paid**

**1.5%** were **volunteers**

**66%** of the workforce are employed **full time**,

**25%** **part-time**

**9%** **casual**



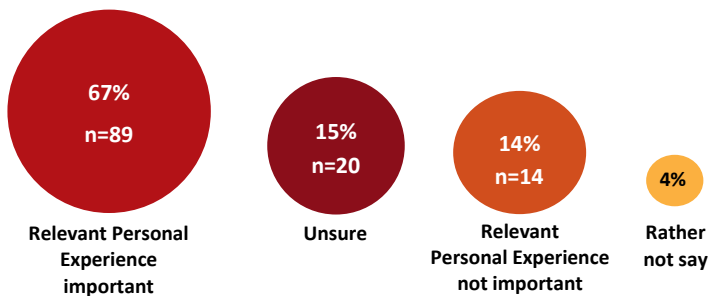
## Relevant personal experience of alcohol and other drugs

Survey questions scoped the extent of relevant personal experience of alcohol and other drugs among workers in the sector. Service users and consumers gave their opinions about the importance of such experience for workers.

Relevant personal experience of alcohol and other drugs includes (but is not limited to) a spectrum of individual experiences related to alcohol and other drug use (including family members) and/or service use.

### Importance of sector worker's relevant personal experience

**67%** of service users agreed that it is important for alcohol and other drug workers to have relevant personal experience.



### Sector workers identifying as having relevant personal experience with alcohol and other drugs

Almost two thirds (n=84) of workers claimed relevant personal experience.



### Relevant personal alcohol and other drug experience as a criterion in current job role

Of the 62% of workers who indicated they have relevant personal experience, **3 in 10** (29%) indicated that relevant personal alcohol and other drug experience **is a criterion** for their current role.



### Relevant personal alcohol and other drug experience as a criterion in previous job role

Again, out of that 62%, **3 in 10** indicated that relevant personal alcohol and other drug experience was a criterion in a previous paid or volunteer role.

Some service users spoke positively:

*"It helped me a lot in my recovery to be able to be supported by people with lived experience - it was for me a reassurance that recovery is possible..."*

*"Makes you able to relate on a personal level that the client can pick up on."*

However, many sector workers also felt that a mix of staff with qualifications and relevant personal experience was appropriate.

*"Although most people would be affected either directly or indirectly through family or friends.*

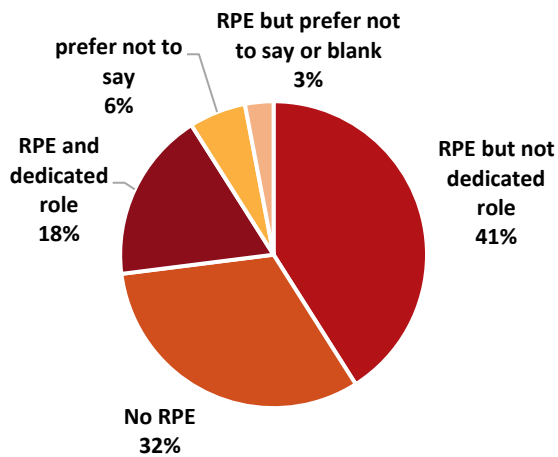
*Compassion and openness and a non-judgemental attitude are more important."*

*"I think that lived experience helps for some workers and some clients but is not a barrier to meaningful work if you don't have lived experience."*

Workers comments about current or previous roles that required a relevant lived experience included:

- Peer Support Worker
- Volunteer Support Worker
- Duty Worker
- Night-time Residential Supervisor
- Drug and Alcohol Project Officer

## Dedicated role and relevant personal experience of alcohol and other drugs



**18%** of responding workers identifying as having **relevant personal experience** of alcohol and other drugs **were in a dedicated role.**



**41%** of workers with **relevant personal experience** of alcohol and other drugs **were NOT in a dedicated role.**

**38%** of workers identified as **not having relevant personal experience**



**86%** of people with relevant personal experience (n=84) **apply it to their work.**

## Employers aware of relevant personal experience

Of those workers who identified as having relevant personal experience (62%, n=84), around **three quarters** (69%, n=57) reported that their **employer was aware of their relevant personal experience of alcohol and other drugs.**

Most workers noted that their employer was aware of their relevant personal experience with alcohol and other drugs.

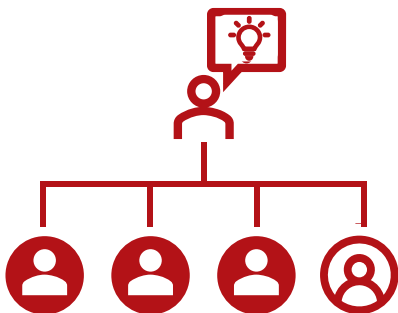
*"I like to be very open with my AOD personal experiences, I think it provides a vital insight to help understand clients on an equal level."*

*"The large majority of workers in my workplace have lived experience. Workers are able to share as little or as much of their story as they wish."*

Others did not consider their employer's awareness of their personal experience significant.

*"My personal experiences do not define me. Just some paragraphs of my story."*

*"My employer knows that I have no issues with drugs or alcohol."*



Of those who **claim relevant personal experience**

**77%** said it **was important**, **12%** said it wasn't important **11%** were unsure or preferred not to say.

Of those who said **relevant personal experience WAS important**

**72%** had **relevant personal experience**, **25%** didn't **3%** preferred not to say

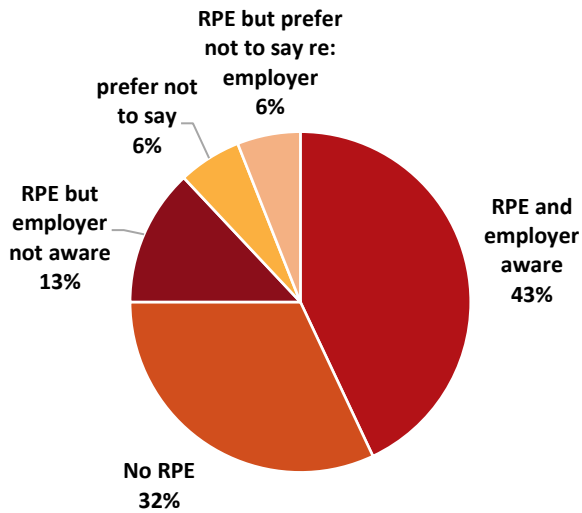
Of those who **do not claim relevant personal experience**

**52%** said it was important **14%** thought it wasn't **33%** were unsure or preferred not to say

Of those who said **relevant personal experience NOT important**

**53%** had relevant personal experience **32%** did not

## Employers aware of relevant personal experience



**43%** of all responding workers identifying as having **relevant personal experience** of alcohol and other drugs indicated **their employer was aware of their experience.**



**13%** of all workers with **relevant personal experience** of alcohol and other drugs indicated **their employer was NOT aware of their experience.**

## Applying relevant alcohol and other drug experience in roles

Workers with relevant personal experience of alcohol and other drugs were asked whether their personal knowledge, awareness and experience **assists their role as an alcohol and other drug worker**

**86%** of sector workers **answered positively**  
**11%** declined to respond.

Some responses included statements explaining **how their relevant personal experience contributes to their work.**

- Opportunities to connect

*"Yes, to be able to truly connect with the emotions a person may be experiencing."*

*"I believe it has given me a better understanding of AOD issues and how it can impact and individual, their family and the community."*

- Will share rarely or not at all

*"This would go against training (e.g. client-centred approach to therapy)."*

*"I do not disclose unless it is relevant to the client and their treatment, so very rarely."*

- Opportunities to inspire

*"Being able to share strategies that worked for me, seeing similar struggles, and traps I fell into. Using my recovery story to inspire hope that change is possible, and that recovery isn't a one size fits all."*

*"I share my story where appropriate to give others hope"*

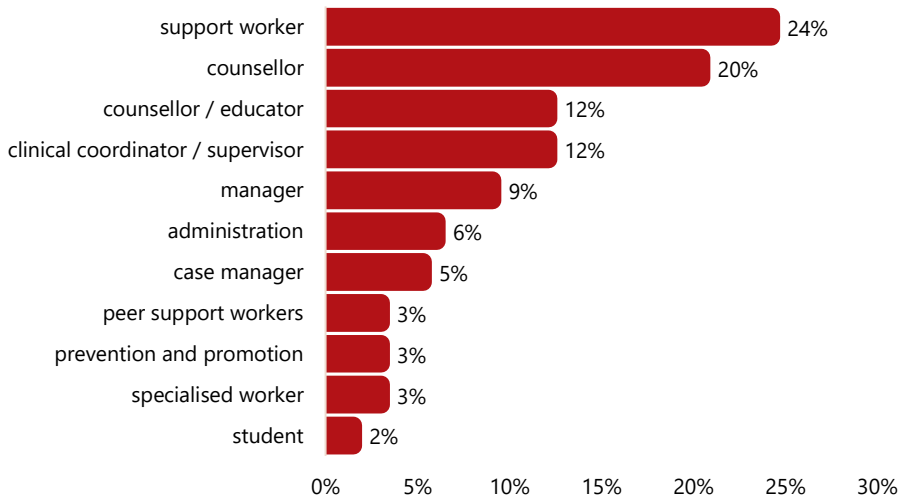
*"My own experience helps me to have compassion for our consumers, as well as real hope that change is possible for them."*



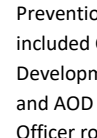
# Pathways into the sector

## Current role

Workers were asked to list current job titles. **Over fifty job role titles were listed.** The most prominent roles were as follows:



Support workers included weekend/ night supervisors, youth workers and sobering up centre carers



Prevention and promotion included Community Development, Evaluation, and AOD Prevention Officer roles



Counsellor & Educator workers were kept distinct from Counsellor roles, which included a range of types of counsellor roles.



Peer support workers were kept distinct from other support worker roles.

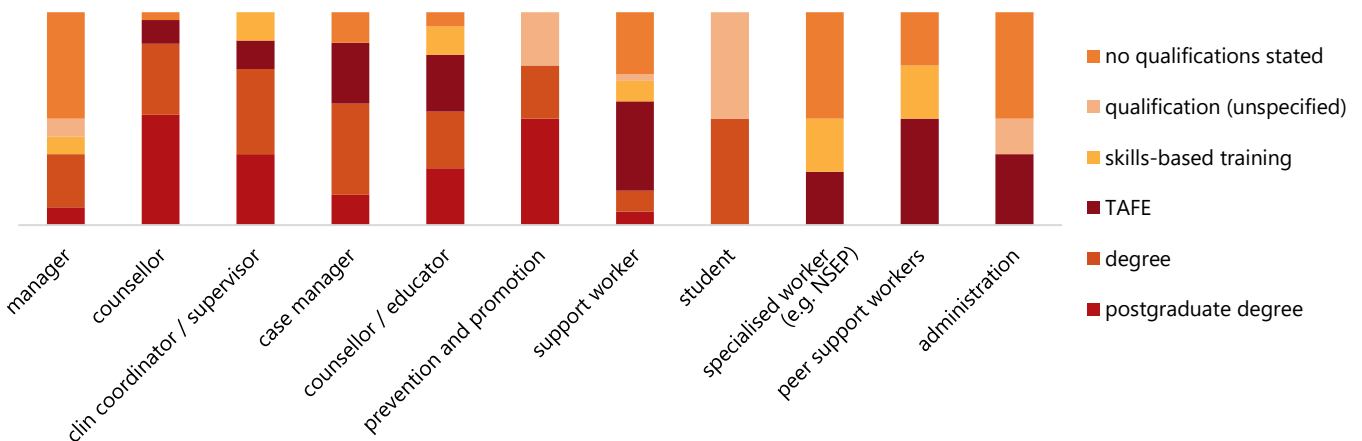
## Educational pathway into current role

When asked about the pathway into their current role (e.g., training, qualifications, knowledge, skills, and experience), most sector workers included information about their qualifications which enabled a comparison across all workers and by each role type.

Where workers reported multiple qualifications relevant to their role, the highest level is indicated.

Some workers noted that they **studied while working** in the sector, others indicated that they **studied then worked** in the sector.

All Qualification	Percent
<b>Postgraduate degree</b>	<b>21%</b>
<b>Bachelor degree</b>	<b>23%</b>
<b>TAFE qualification</b>	<b>22%</b>
- TAFE - Diploma	(8%)
- TAFE - Certificate 4	(12%)
- TAFE - Certificate 3	(2%)
<b>Qualification (other, unspecified)</b>	<b>4%</b>
<b>Skills-based training</b>	<b>8%</b>
<b>Did not state qualifications</b>	<b>18%</b>
<b>No response</b>	<b>4%</b>



# Motivations for joining the alcohol and other drug sector

When asked to describe motivations for working in the alcohol and other drug sector, workers provided a range of unique responses. Workers commonly utilised answers to other questions (e.g. pathway, relevant lived experience) to outline the reasons for joining the sector. Themes emerged across responses, such as:

- The sector is a good fit for existing and transferable skillsets  
*"To work using my counselling skills"*
- Develop vocational skills and experience  
*"Learning, Challenge, expand skills, education opportunities"*
- Relevant personal experience is an asset to contribute or inspire  
*"Lived Experience gave me unique tools to help others."*
- Sector employment grounds personal recovery journeys  
*"Personal experience with AOD. Wanted to support and help people with recovery."*
- Motivated by empathy toward others  
*"Helping people to heal and be empowered"*  
*"Serve others"*
- Inspired by clients in their service  
*"I am motivated by the clients I see who are constantly inspiring me through our conversations. I never thought I would work in AOD, but after doing my university prac in AOD, cannot think of working in another field! I really love the work."*
- Culturally-based motivations  
*"The serious issues in the Aboriginal community around alcohol are so destructive that we all have to contribute to find ways to break the cycle of abuse."*  
*"Help our people to regain control of their lives and be free from alcohol and drug addiction through education."*

## Overall



**13%** of responding workers specifically mentioned that a **student placement experience motivated them or was a pathway into sector employment.**

**23%** specifically mentioned that **volunteer work in the sector was a pathway** or the motivation into sector employment.



Many workers undertook **volunteer work alongside or following university degrees.**

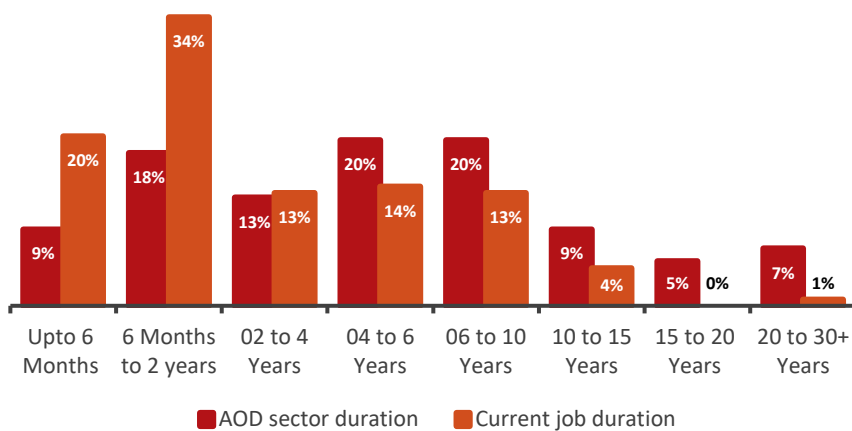
**14%** of workers specifically highlighted **previous experience of accessing a service contributed to their pathway** or motivations for working in the sector.



## Time working in the alcohol and other drug sector

### Alcohol and Other Drug Sector Work Duration and Current Job Duration

Workers were asked to describe how long they were employed in their current role. Responses were grouped, compared, and detailed below:



**74%** of respondents have worked in the sector for **more than two years**.

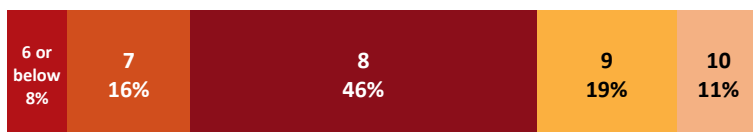
**55%** have worked in their current position for two years or less.

**21%** been in the sector ten years or more.

**5%** worked their current role for ten or more years.

### Job Satisfaction

Workers were asked to rate their level of job satisfaction between 1-10, where 10 is very satisfied. There was an **overwhelmingly high level of job satisfaction**. This finding was consistent across all demographics, with no discernible differences for age, gender, culture, region or other factors.



**92%** of workers rated **their job satisfaction at 7 out of 10 or higher**.



### Turnover intentions

Sector workers were asked how long they intended to stay working in their current role and how long they hoped to remain in the alcohol and other drug sector. Open-ended responses were coded and are summarised:

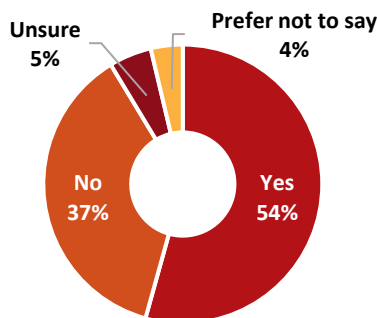
**63%** of workers indicated that they hoped to **stay in their current job for two years or more**.

**61%** of workers indicated they **intend to remain in the sector a long time** (ten or more years, or 'ongoing' or 'until retirement').

## Peer identification

Terminology used to describe sector workers with a relevant personal experience of alcohol and other drugs, is contested. Workers with such experience were asked whether they identified as a “peer” according to the definition below:

### Identify as a peer



**A peer is a person who identifies as a member of a community or group and is accepted as a member by other members of the community or group.**

## Preferred terminology for sector workers with relevant personal experience

Sector workers were asked if they had terminology they preferred when referencing their relevant personal experience of alcohol and other drugs. Attitudes were varied as illustrated below:

*“My personal experience involves someone else’s AOD use, and I feel that there should be a way to distinguish own and other’s use so as to not mislead consumers”*

*“I refer to my personal experience as lived experience as I am not employed in a Peer based role, therefore self-disclosure is not necessary to fulfil my role... if I were employed in a peer based role I would have no issue in identifying as a Peer.”*

*“I don’t mind being called a peer worker but I prefer an employee with lived experience.”*

*“I don’t disclose my history with clients, I don’t identify as a peer as I don’t share my lived experience. I identify as a counsellor”*

*“I like the term ‘Peer’ or even ‘mentor’. To me those terms indicate the worker may have experienced something similar.”*

*“It actually bothers me that so many groups seem to need a word to attach themselves to, and get upset if you get the word wrong... I’m just a human.”*

Many workers also raised issues and **concerns relating to the use of the term “peer worker”**:

*“In some parts of my work, I engage with people who identify as injecting drug users.”*

*“In what context am I a peer and when am I not a peer? When am I a peer worker? “Peer” is a grey word.”*

*“I understand that the word “peer” is the “hot” term at the moment in the AOD treatment sector, and as such, I have tended to adopt it recently. I understand that it is a term that sanitises the previous notion of “addict” and/or “alcoholic”. However, it does seem to be a bit too vague and nondescript.”*

*“Having peer workers can help with inclusion, connection and program planning, understanding and empathy.”*

*“I’m not in a peer role. I think it is important that we do have defined ‘peer roles’. These workers are then able to share their personal experience of recovery more explicitly as part of their work.”*

*“I do think of myself as a peer and as a peer-worker, however many people who use drugs are unfamiliar with the use of the word “peer” in this context. The language you use must be appropriate to the intended audience.”*

Disparate views were presented among sector workers, indicating that **use of the term “peer worker” is disputed within the alcohol and other drug sector.**

### Specific language use may also be stigmatising

A potential alternative may be for individuals and workers to self-identify as they feel is appropriate.

# Professional development

## Supervision

Workers were asked whether their current role included regular supervision related to work practice, mentoring, and/or other professional development. Many responses detailed the level of supervision and comments representing the supervision experience.

**87%** of workers noted that they **received some form of professional development.**



**73%** of workers specifically noted that **supervision was part of professional development.**

## Of those who reported receiving supervision

**48%** reported **regular supervision** (fortnightly or more frequent)

**23%** reported **semi-regular supervision** (monthly or six-weekly)

**9%** reported **irregular or minimal supervision**

**15%** reported that supervision was **available** but no specific details on the frequency.

Some themes that became apparent from the comments were as follows:

### Strengths

*"I am provided with opportunities to attend regular professional development as required."*

*"I am able to request supervision at any time and my manager has been a great mentor over the last 7 years."*

*"I feel able to make requests to support my professional development and my manager has always been supportive of requests that I have made."*

*"I can't fault the support I receive. My understanding is that official one-on-one "supervision" meetings are supposed to happen a specific number of times per year, but they rarely do. This has not stopped me from receiving all of the guidance and support I require. I am constantly amazed by the level of support I receive. This is partly because I actively seek it out, but I also believe that the management and CEO of this organisation genuinely care about my development. I see them all as mentors and I receive that mentoring from them daily. That is what I have needed and I wouldn't have made it through these first years without it. I don't think I could get that from the official supervision meetings. For me, they are redundant."*

### Challenges

*"I do not believe that there is a delineation between clinical supervision and line management..."*

*"Is meant to be but often gets put off."*

*"It is a requirement of my organization that has not been strictly adhered to. From my understanding I was supposed to receive regular supervision every month for 6 months."*

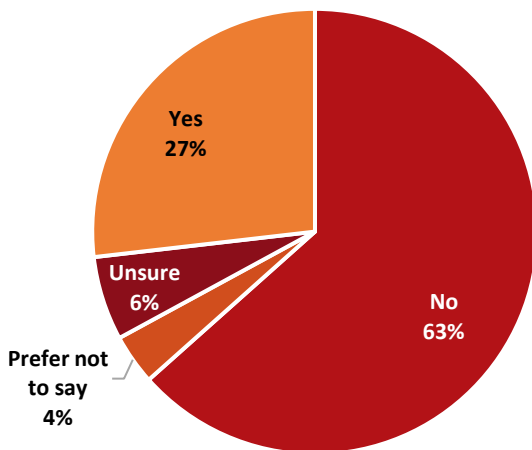
*"I feel like I don't receive enough critical feedback on my work either. I also don't get the chance to formally debrief with my superiors when a stressful event occurs because they are often genuinely too busy attending meetings and writing reports."*

## Workers' influence on sector issues

Acknowledging the value of the different perspectives that workers with relevant personal experience bring to the sector, those workers (n=84) were asked about contributions made to service or sector level policy development:

### Contribution to sector policy

**27%** reported that they had contributed to sector-level policy



Examples of contributions to sector policy:

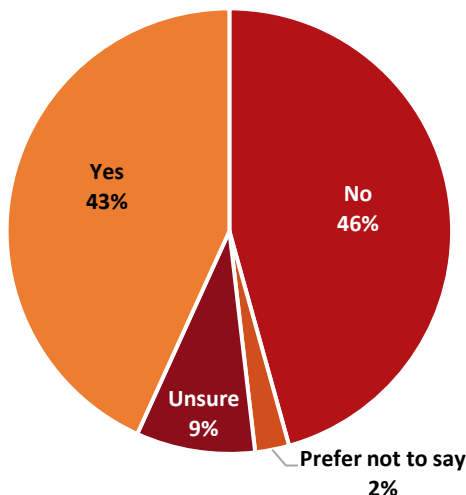
*"Yes, I have experience of doing this with a variety of stakeholders, ranging from some that were established and run by peers, to more mainstream agencies who genuinely engage in community consultation, to those who do so as a tokenistic "box-ticking" exercise."*

*"I've contributed to lots of policy development but not in the role of 'person with experience'. Having said that, I daresay my personal experience influenced what my input was."*

*"I am grateful for the opportunities that come my way. There is so much more out there, though. Unfortunately, there is no roadmap to help me find it or to signpost people to me as someone who would like to contribute more. At times, sector language can also be a barrier."*

*"As a significant other, this has largely been ignored. Significant others are affected by their loved ones use and our voice is equally valued and should be heard in the AOD sector."*

**43%** reported that they had contributed to service-level policy



Examples of contributions to service policy:

*"I have been part of numerous co-design groups and advisory groups."*

*"I work with our peer workers in a unique collaborative model of care. This service relies upon peer workers to interact with our consumer population. The model of care would not be as effective if peer workers were not involved."*

*"Yes I would welcome further development, in turn being able to refine my knowledge."*

*"Working in a TC I felt like I was consulted on a lot of the plans on moving forward and used my lived experience to provide a lot of my point of view on that."*

## Sector Leader Survey

### Profile of sector leader survey respondents

Leaders from 10 WANADA member services responded to a survey focusing on five key elements of their workforce.

#### Employment of peer workers

### Peer workers employed

Are peer workers employed in your organisation?



- Half of the services employ peer workers
- Peer workers were employed through various mechanisms, including transition from residential services
- Some bring specialist experience, such as eating disorders
- Peer education takes place across business areas

### Qualities in peer workers

What qualities are you looking for when you are employing peer workers?



Overall, sector leaders reported a wide range of skills, experience and attributes in peer workers, such as:

#### Program Experience

- Successful completion of programs
- Participation in recovery programs

#### Relevant personal experience

- At least 2 years into recovery  
*"Ability to share experience in a way that supports consumers in their own recovery"*
- Stability in maintaining recovery
- Professional and personal boundary setting skills

#### Usual workplace attributes

- Ability to commit and work as part of a team who collectively seek improved health outcomes for consumers
- Understanding the peer role
- Time management and leadership qualities
- Communication skills
- Emotional intelligence

#### Personality attributes

- Empathy, compassion, resilience, connection
- Honesty, reliability

#### Qualifications and knowledge

- Working towards gaining qualifications
- Willingness to learn from others

#### Administrative requirements

- Police clearance and successful reference checks
- Criminal charges are not always a barrier  
*"...if [criminal charges] are not within the past 12 months, and the person is in recovery and contemplative of issues."*

## Peer worker support provided



Types of peer worker support varied, but included:

- Supervision, training and mentoring opportunities provided to all staff
- Additional supervision and management support, as required
- Dedicated peer program
- Many organisations reported that partnering peer workers with other staff to provide mutual support and learning opportunities

*"...we provide peer education by cross section of staff from one area of business to another based on employee position."*

## Consumer engagement in service policy

The level and type of consumer engagement varied across services, but included:

- Consumer involvement committees at community services or residential sites
- Inclusion in program design  
*"Yes, at the TC especially (where I am currently based). We involve them in the program design."*
- Focus on committees to incorporate First Nations viewpoints in service policy
- Dedicated policies focusing on culture, practice
- Dedicated consumer focus groups and feedback systems

## Consumer / peer engagement in sector policy



The level and type of support for consumers to engage in sector-level policy also varied across services, and included:

- Empowering consumers to participate  
*"Ensure consumers are able to evaluate program outcomes around their own health support, options and treatment."*
- Policies and governance procedures that provide ongoing mechanisms for advocacy  
*"We most certainly encourage peer worker engagement in policy planning and development through our strategic and operational planning and policy review... Literacy can be a barrier however we are working more to ensure that our products are in plain English."*
- With the individual's consent, services will provide names of interested individuals when requested to participate in forums or committees, or other.